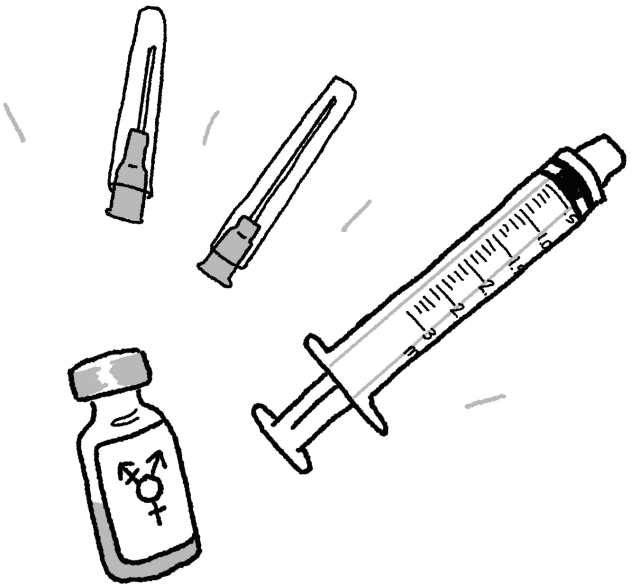
Shoot Your Shot:
A guide to HRT self injection



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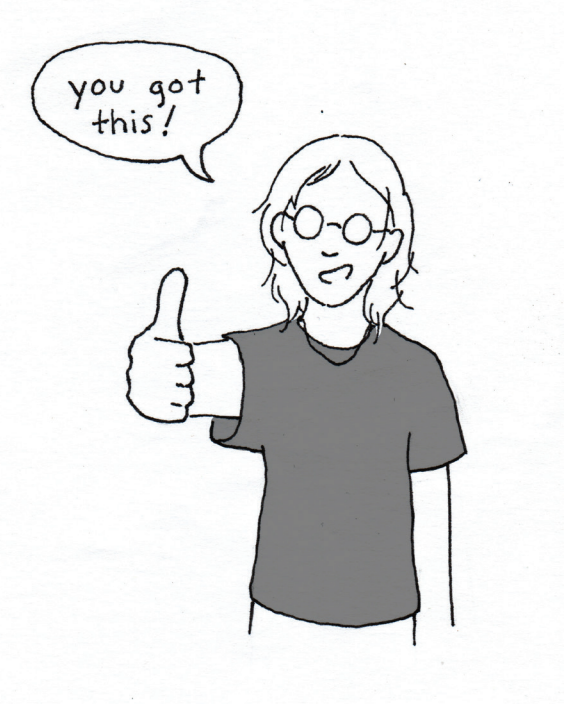
How to use: I suggest reading the whole thing through, maybe writing your own shorter list of steps that makes sense to you, then revisiting your notes when you do your shot/as needed.



What this Is/Isn't

This is NOT:

A guide to the changes you may experience on HRT
How to get an HRT prescription/secure meds

This IS:

Advice on how to do HRT injections
(T or E, subcutaneous or intramuscular)
Answers to various injection questions

I've been doing my T shots for 8+ years now, first intramuscular and now subq, and not infrequently have I found myself searching in a panic things like "injection site how much blood ok?" "injection bruise??" "pain lump stomach injection???" and coming up mostly with unhelpful bodybuilder forums, info for people doing their insulin injections, or nurses in training and it's about injecting into arms. Not helpful!

I was very lucky that when I started self injecting I was given a lot of info and supervised practice, but I know this is not the norm. On the one hand this suggests "well it can't be so difficult/dangerous if they'd just send me off with a bunch of needles!" On the other, it says "what limited time & resources there are will not be allocated to trans care." Often other trans people are the best help we have (especially if you're not using a dr at all), so don't be afraid to ask around for advice. That said, trans reddit is full of people less than a year on HRT, with their brains boiling thinking their voice finished dropping overnight. Not *every* trans person will be more helpful.

Anyway, I wanted to make something to be able to send people, to fling out onto the internet, that it might help even a handful of people. Maybe you're not even on HRT and just curious, or maybe you're helping out a friend; the more people that know the better.

I probably have to say somewhere, but I am not a medical professional! Yes drs are often mediocre at trans care, but in the more general nature of shots drs & nurses should be plenty competent, and may advise you differently depending on individual factors. I hope something here is helpful and that you pass along the care. ♥

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Why shots?

This is, again, not a guide about the course HRT may take on your body, but because many people find shots scary I did want to take a moment to share their pro's

True For T & E:

-Less time for changes to start (& finish! Get through that second puberty acne)

-More precise dosing – what it takes for you personally to be in the right hormone range will vary from other people

-Less daily ordeal, just weekly/biweekly (personally did not like T patches, have not tried gel)

-Related, if you're going on a trip that's <1 week it's nice not to have to deal with, though for longer trips it can feel a little weird packing needles (never had a problem in airports, but I'm told if you do just show the prescription on the bottle)

For E:

-Easier on your liver. The only other option for E is oral

For T:

-Much cheaper! Try getting a 90-day supply so you also have to be at the pharmacy less

Weekly or Biweekly?

Some people find themselves more suseptible to mood swings, so dosing weekly instead of a double dose biweekly smooths things out, especially when starting. I also prefer weekly for easier-to-remember reasons.

For estrogen, the different esthers also have an effect, with Estradiol Enanthate (only available diy) having the longest half life, then Estradiol Cypionate, then Estradiol Valerate. If Valerate is giving you trouble you may want to try injecting every 5 days.

Why Intramuscular or SubQ?

I started with intramuscular because that was the only option at the time, switched to subQ about 4 years in, but there are good reasons for either:

Intramuscular (IM) requires a longer needle, and you stick it directly into your thigh muscle. This is a very easy-to-see area which is nice. Great if you have big thighs but not necessary. Because it's muscle, relaxing or not makes more of a difference, so if you're a tense person or very nervous this may not be the best choice, though stretching and breathing exercises make it easier.

Subcutaneous (subQ) uses a shorter needle, at an angle, to inject into the layer of fat near your stomach or upper part of your butt. For awhile I thought I was too thin for this method (in a like, not-cute depression way) but unless you are seriously unwell everyone has a lil protective skin underlayer. I would generally recommend this method over the other, though it might take you a bit to find your preferred area and get the injection angle right. The much shorter needle makes things easier. You also use the same size needles as diabetics use, which I can imagine being nice if you're asking for them at a pharmacy or something.

Whichever way you go, you can always swap. Bottles often say "For IM only" but this is irrelevant for our purposes—the hormone is suspended in oil (most commonly cottonseed) and will be absorbed regardless. Self injection for me has been a rollercoaster of being very hyped, very avoidant, and now mostly neutral. Give yourself time to adjust.

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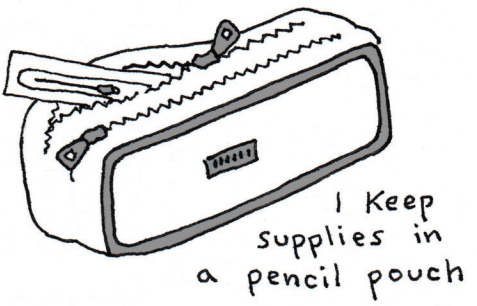
Supplies

First just a list:

Your hormone of choice
2 Alcohol wipes (small) or isopropyl alcohol and cotton rounds
1 syringe (I like 3ml, most people use 1ml)
1 drawing-up needle: 18 or 19 gauge* ½ inch long
1 injecting needle:
For intramuscular: 21-23 gauge 1 or 1.5 inch
For subQ: 23-25 gauge 3/4 or 5/8 inch
1 sharps disposal container (in a pinch a soda bottle will do)

Optional but advised

empty cup
Bandaid or tissue
Music



*The higher the gauge (G) the *smaller* the needle. My preferred brand is Easy Touch or BD but all human-grade hypodermic needles will work. Also you technically can use the injection-size needle for drawing up, but it's slow, and it's nice to keep them seperate.

Now with details

Your hormone of choice – The rubber top on vials is self-sealing, but they should still be stored upright just in case. Also somewhere at a stable temp--so ideally not the bathroom--so the oil doesn't spoil.

2 Alcohol wipes (small) or isopropyl alcohol and cotton rounds – at most drugstores in the first aid section

Syringe & needles – these must be NEW everytime, NEVER reuse, so pleeease just buy these in bulk. Even if the state puts limits on how many a pharmacy can give you at once you can still buy them online. Having plenty is great incase you mess up or your friend needs one etc etc, and you can get one hundred (aka almost two years worth) for about $6. (I use www.medical-and-lab-supplies.com)

1 sharps disposal container – the bright red hazardous waste container is great. You eventually take that to a needle disposal site to be sterilized & disposed of–some pharmacies take them, many hospitals, or safe needle exchange sites. Don't just throw loose needles away, garbage people deal with enough as it is.

Optional but advised
Empty cup - this is to hold the syringe upright while you do stuff

Bandaid or tissue - you shouldn't bleed much/at all, but occasionally you might nick a blood vessel and suddenly you are bleeding quite a bit! Have something handy instead of running around dripping.

Music - take your environment into account. I prefer to sit in a hard chair as opposed to on a couch. I used to always do my shot after a shower. Pump up jams or chill out ambient or whatever you need. Give yourself time to not rush.

Order of Operations

I got to practice on an eggplant before I ever injected myself, and I SUPER recommend at least one practice round to get you comfortable with handling the needles and starting to put the process in muscle memory. Peaches and plums work too, anything fleshy with a little "skin" is good. Either practice drawing up just water, or if you have a friend with old vials they can inject some water or oil into them for you.

Like the supplies, I'm going to list the steps plainly, so you can see the whole process, then elaborate. In inordinate detail, because I'm not there so I don't know what you might do if I don't tell you otherwise. It might seem like a lot of little steps, but they all lead into each other. Pay attention till you really get them down though, so you're making sure everything is sterile

For E & T, IM or SubQ

1. Wash hands, gather all your supplies within reach
2. Alcohol wipe the top of the vial
3. Take out the syringe, attach the drawing up needle
4. Pull back the plunger to the dose you will be injecting, to fill the syringe with air
5. Inject the air into the vial, then pull the plunger back again to fill with oil
6. Carefully remove the needle from the vial, cap it, and place upright in cup
7. Choose your injection site and clean it with 2nd alcohol wipe
8. Remove the drawing up needle from the syringe, and attach the injecting needle

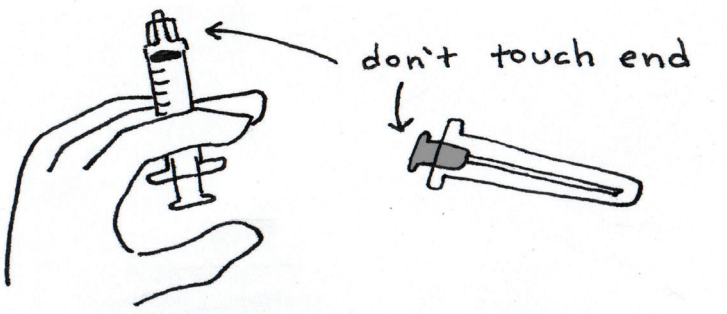
9. Hold the injection site, and insert the needle at the appropriate angle
10. Push the plunger all the way down
11. Pull out the needle, dispose of it, the syringe, and the drawing up needle in a sharps container.
12. You did it! Apply a bandaid if needed

How-to, With Detail

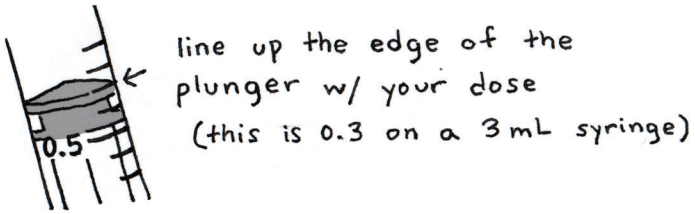
1. Wash your hands!! Have everything, get comfy

2. If there's a little plastic cap on the vial, break that off. Take a wipe out of its package, or put isopropyl alcohol on a cotton round, and make sure the top of the vial is clean. Do not use this wipe again. (bonus tip: if my cat is bothering me while I'm trying to do my shot I let her sniff this wipe and she doesn't like it & leaves me alone.)

3. When handling the syringe and needles, you want the connection points between the two to remain sterile, don't touch it with your fingers or rest it on anything. Peel open the syringe and hold it by the plunger end. I like to put it between two fingers like a cigarette, making it easy to peel open the larger, drawing up needle. Once the connection point is out you can hold the needle still in the wrapper to attach it. (Some syringes will come with a needle already attached. Make sure it's the correct one or swap)

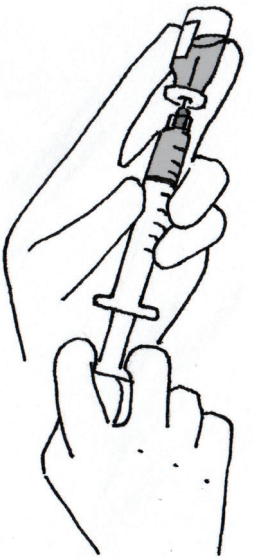


4. Pull back the plunger to your specific dose, filling the syringe with air. The vials are pressurized so we want to put in the same amount of air as the liquid we're taking out. This is less crucial if you're using single-use vials, but it's a good habit to get into incase you ever get larger multi-use ones.



5. Holding the vial upright on some surface, push the needle through the rubber of the cap and depress the plunger to inject air into the vial.

With the syringe still inserted, flip everything so that the vial is upside down. This might feel awkward at first but just takes practice. Now pull back the plunger again to your same dose as before, making sure the tip of the needle is submerged in the oil. If you're getting little bubbles, try pulling down more oil than you need, flick the syringe to break up the bubbles, and push the plunger back up to your dose.

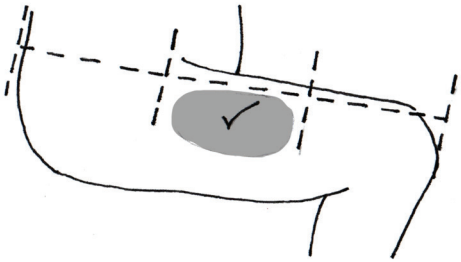


6. Remove the needle from the vial, keeping the syringe upright. Pull the plunger back so there is air above your dose, this means there is no more liquid in the needle itself. You can now *carefully* cap the needle and place it upright in a cup.

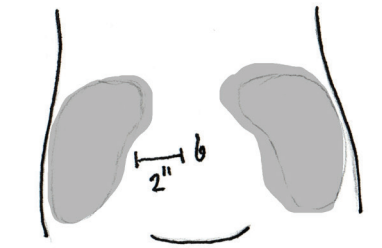
Hold the cap near the opening and don't push on the top. Some guides will tell you absolutely not to try capping the needle–this is because there's a chance of you pricking yourself. However even if you do it's your own needle & your own blood, so there's no need to worry about bloodborne pathogens. Also personally I find it much easier to not prick myself with the needle covered.

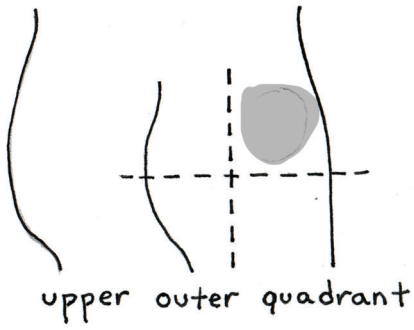
7. Choose your injection site!

For intramuscular: Imagine the top of your leg divided into thirds, all the way from knee to butt. Divide the middle portion in half vertically, and you want to inject somewhere in this 'outside' zone.



For subcutaneous: You can inject either in the stomach area, at least two inches away from your belly button, or in the sort of hips/upper butt area. You should be able to get a decent pinch of skin between thumb and forefinger that is not muscle.





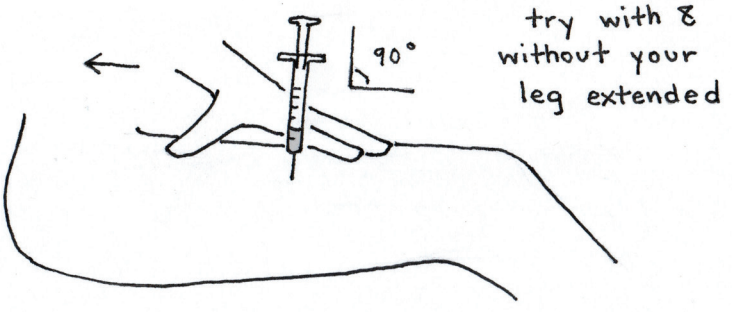
Wherever you choose, make sure each time you are switching sides & using the whole "zone." This reduces scar tissue buildup in any one spot. Yes one side will be harder than the other. Clean your chosen spot with the second alcohol wipe or cotton round, making a spiral staring small and working outward; this ensures you're not just pushing anything back over where you just cleaned.

Be careful injecting into the butt, especially if someone is giving you your IM shot there. The sciatic nerve runs through the middle and you do *not* want to hit it.

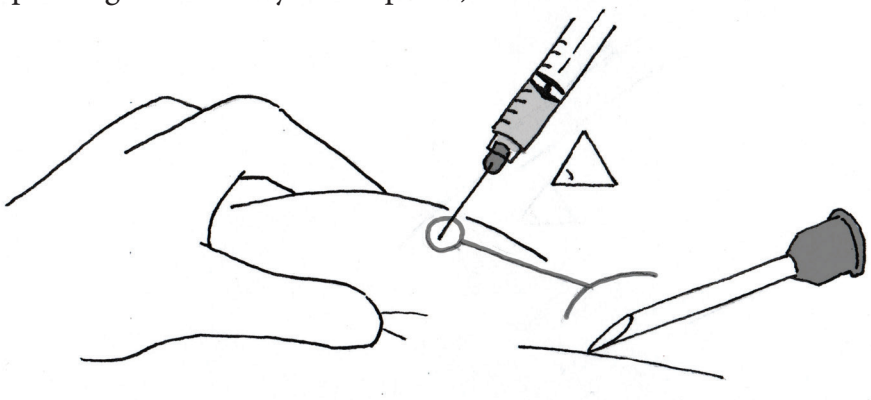
8. Carefully remove the drawing up needle from the syringe and put on the smaller, injecting needle. Slowly push the plunger up so that liquid fills the needle–the syringe should read around your dose, and a bead of liquid will form at the tip of the needle.

9. Hold the injection site. I like to rest the needle on the skin, take a big inhale, then on the exhale push the needle in.

For intramuscular: Place your non-dominant hand on the site, and then either pull the surface of the skin towards you or push away. Inject where the skin is streched. This is called the "Z-track method," and helps the injection stay put. Insert the needle into your muscle perpendicular to the skin, so at a 90 degree angle. You need to get an inch of needle in (so 2/3rd in for the 1.5 in needle, or all of the 1 in).



For subcutaneous: Use your non-dominant hand to grab a pinch of skin, and insert the needle in at a 60 degree angle.* Imagine a small triangle with equal sides, you want the slant of one of those sides. The point of the needle should touch skin first, the bevel (the angled slice) away from you. The needle needs to be almost entirely inserted. (*this is the most common angle, but you may hear 90-45° depending how much you can pinch)



10. Adjust your grip if needed, and depress the plunger all the way down. It maybe be kind of slow/take some pressure particularly for the smaller needles. Try not to wiggle since that will make it hurt.

11. Carefully remove the needle at the same angle you inserted it. If you were pinching, I like to slowly release the pinch at the same time. Cap the needle (or don't) and with it still on the syringe put it and the other needle in a sharps container.

You did it! If you're bleeding a little, clean up & it should stop shortly. Celebrate with a treat or just take a nice stretch.

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Troubleshooting

I've tried to alphabetize this like some sort of strange glossary. Some advice will be repeats from before just to make sure they're easy to find. For the most part even if you mess up once it will not be a big disaster. That said, pay attention–if the injection site looks weird or is particularly tender, especially for more than a day or two, consider that it may be infected and take care of it asap!

Bubbles – If you're getting bubbles in your shot pull down extra oil, or air depending on the stage, into the syringe and really aggressively flick it with your finger. If you still have some of those tiny ones lurking at the edge of the meniscus don't worry about them; they'll generally get pushed out when you form the bead before injecting. Also because this is not an injection into a vein a tiny bit of air should not be a problem.

Bleeding – a little blood is ok, especially with the deeper IM injections, but it shouldn't regularly be gushing out. If it is you probably just nicked a blood vessel and it'll be fine, but do keep an eye on it. Making sure your hand is steady during the whole process will help with a clean injection; whether that means going slowly or more rapidly is up to you.

Bruising – Bruising can happen but again, should not be an every-time kind of thing. It generally means the shot was too shallow or you wiggled too much.

Hurts (while injecting) - Some people like to really slap their shot site before injecting, as a kind of numbing move/nerves breaker. Someone that also works as a vet suggested pinching hard and shaking if you do subq. Sometimes you choose a spot and for some reason it really hurts and you can't get the needle in, or not very far in; try again in a slightly different spot and put on a new injection

needle, you want it as sharp as possible.

If it's a stinging sort of hurt maybe make sure the alcohol has dried before starting your injection. If it's chilly you can also roll the vial between your palms to bring it to body temp and that can help.

For the most part your shot should not hurt, though you may feel pressure while pressing the plunger. When it's right pushing the needle in feels like pushing into butter. If you do subq and it hurts your angle might be off. If you do IM and it hurts, you're possibly too tense. If it hurts one-off randomly that's ok, I've had it sting extremely badly for unclear reasons but I've survived. But if it always hurts something is Wrong. Are you using the right needles? Is your hand shaking?

Hurts (after injection) - it's ok for the injection site to be a little tender afterwards, this varies person to person. For subQ if there is a tender bump try to get a little deeper angle. For IM sometimes rubbing the spot immediately after helps.

Leaking – If a lot of the injection seems to be leaking back out, it's possible you weren't deep enough, or didn't actually press the plunger all the way. For IM make sure you're doing the Z-track method correctly as this helps 'lock in' the injection. For subq, try releasing the pinch as you pull out the needle, it's possible you're squeezing the liquid. A little leakage is ok, but for obvious reasons you mostly want the good stuff staying in.

Nervous - It's very easy to get too in your head about your shot, which is why I super recommend having a routine. Once the train is on the track it will help you just move through the muscle memory of it. Reward yourself after, get an accountability buddy (or a needle top!), whatever it might take, and remember that it's ultimately for something very cool that you really do want.

It's also never a bad idea to practice on some vegetables/fruit again, another good reason to have extra supplies around. You can also look for videos of people doing their shots, though for me that actually stressed me out more sometimes.

Not going in – If you feel like you're pushing but the needle is just not going in, make sure you're at the correct angle and the skin is tight. For subq this might mean pulling the pinch away from your body a little. Sometimes this is an in-your-head thing; maybe try changing the needle and making yourself take a deep breath and then press fairly quickly.

Swelling – If you can feel your subq shot from the surface you probably just went a little too shallow but it'll be ok. If swelling and irritation is a repeated problem you may be allergic to either the hormone itself or the oil suspension. Sometimes this is a skin-allergy and you can still inject but have to be very careful about leakage; consult your dr.

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